NOTICE OF PRIVACY PRACTICE

Nu-Chiropractic Inc.
Dr. Doug Paul
1335 Dublin Road Suite 75A
Columbus, OH 43215

Authorization of the Use And Disclosure of Protected Health Information

This authorization has been requested by Nu-Chiropractic Inc.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION
We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked an any time by writing to us.

FOR TREATMENT
We may use medical information about you with medical treatment services. We may disclose medical information about you to law enforcement, victims of abuse, neglect, or domestic violence, as well as other health care providers to assist them in treating you.

FOR PAYMENT
We may use and disclose your medical information for payment purposes including health insurances, workers compensation, Medicare and Medicaid.

FOR HEALTH CARE OPERATIONS
We may use your address to send thank you cards, birthday cards, newsletters, holiday cards and frequent mailings. We may use your initials on testimonials which are received from the patients on a volunteer basis. These testimonials may be placed in the reception area, newsletters and website. With the patient's permission a picture may be used for the sole purpose of accompanying a testimonial.

Once agreed to, you have a right to revoke this authorization as you deem necessary. If you wish to revoke this authorization please do so in writing.

Name_____ Date_____

Signature_____